



Public Mental Health in South Carolina

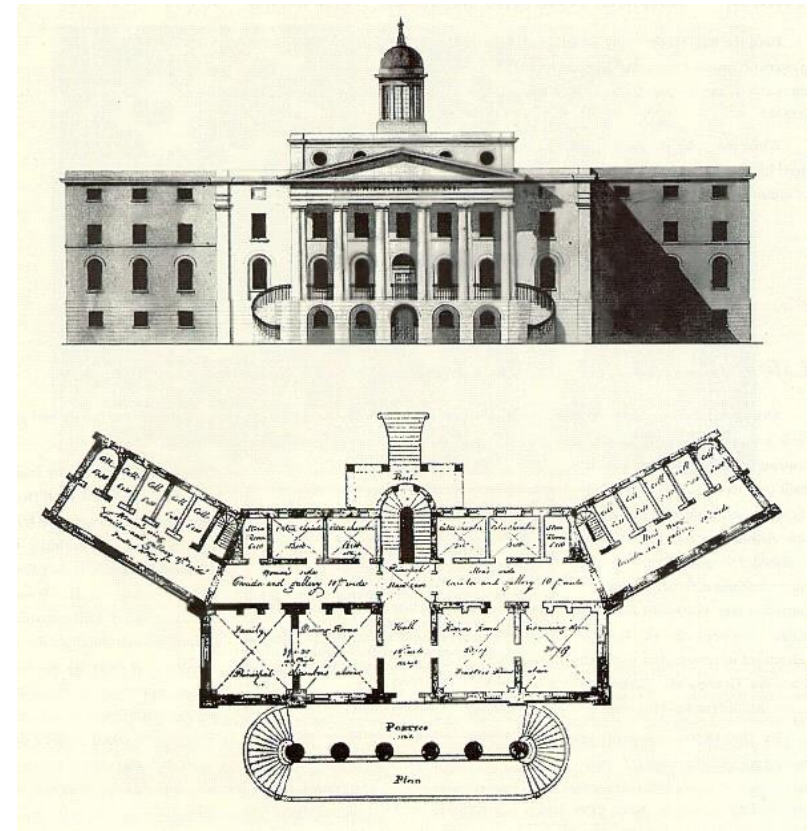
DMH South Carolina
Department of
Mental Health

DMH: Beginnings

- In the 18th century, what to “do” with a mentally ill person depended upon the individual’s status, domestic situation, location, and medical condition.
- Insanity was viewed as a private matter and family responsibility, and it was expected that family would render care or pay someone else to do it.
- It was not uncommon for the mentally ill to live in workhouses or debtors’ prisons.

Beginnings

- Colonel Samuel Farrow, a member of the House of Representatives, and Major William Crafts, a member of the Senate, worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the S.C. *Lunatic Asylum*.
- This legislation made South Carolina the second state in the nation (after Virginia) to provide *state funding* for the care and treatment of people with mental illnesses.
- Renowned architect Robert Mills was enlisted to design the new S.C. Lunatic Asylum, the cornerstone for which was laid in 1822. It featured such innovations as central heating and fireproof ceilings.



The South Carolina Lunatic Asylum

First patient admitted – Lunatic Asylum – Columbia, SC – Dec. 12, 1828

Removed – February 7, 1829 – uncured

Dec. 12th 1828. Eliza Fanning at 20 of Barnwell Dist. SC was brought by her parents and admitted into the Lunatic Asylum.

History of the case. She has enjoyed good health during life with the exception of some irregularity in her catamenial discharges: which for the last two months have not appeared at all. This irregularity, however, has never appeared to create any constitutional disturbance. She is of a fair complexion and yellow hair (a large suit of it) and inclined to pleasantness of form with a healthy appearance. For a year last past she has been religiously disposed. For several weeks last past she has attended religious meetings especially an association – and during the same time was watching an aunt who was ill every night, and thereby lost her sleep.

On Dec. 1st she first betrayed symptoms of insomnia. Her theme was of a religious character, interspersed with profane expressions. She alternately sung sacred tunes, prayed, muttered incoherent nonsense, and lay silent.

Beginnings

- South Carolina's asylum was one of the first in the nation built expressly for the mentally ill.
- South Carolina's mental health system was the third in the U.S. and the second *funded by a state government*.
- By the 1850s, a large number of people were being admitted, and land was needed for new buildings and patient recreation and gardens. Some asylum leaders believed the institution should be moved to the country. Largely because the Legislature was unwilling to fund a new complex, it remained at the original location. Land was purchased next to the complex, and more buildings were erected. This is the campus we know today as the "SC State Hospital" or "Bull Street" as it is known throughout the Southeast.
- The asylum did not reach its full capacity of 192 until 1860 – more than 30 years after opening its doors. Many families preferred to care for mentally ill relatives at home, while others wanted them closer to home even if it meant they lived in the county jail or the work house.

Beginnings: A city within a city...



With walls closing patients off from the noisy and harried growing city, the campus was almost its *own* city, housing at one time or another a dairy, ice cream factory, mattress factory, bakery, lock shop, welding shop, and greenhouses. Doctors and nurses lived in homes on the campus, and many citizens today recall growing up in the pastoral setting of the grounds.

Beginnings: Progress

In 1892, a nursing school was founded; it remained open until 1950;

In 1896, the SC Asylum was renamed the *S.C. State Hospital for the Insane*;

The cost for each patient in 1877 had been \$202;

By 1900, the State Hospital had 1,040 patients;

A legislative study of the asylum in 1909 found many problems, ranging from poor sanitation and dilapidated buildings to unclean quarters and lack of room for patients. Many of the problems the state hospital faced were common to facilities nationwide.

By 1910, after a legislative committee reported the asylum was too small, land was purchased north of Columbia, and plans were submitted for a new complex that became known as "State Park." When it opened in 1913, it was for black patients only. This hospital, named *Palmetto State Hospital* in 1963, was renamed the *Crafts-Farrow State Hospital* in 1965. Today, this campus is home to many parts of DMH's central operations.

Progress

Following the legislative study and opening of State Park, Dr. Fred Williams, who served as SC State Hospital superintendent from 1915 to 1945, realized that South Carolina's mental health system needed community mental health clinics. As such, he encouraged a program to educate the public about mental illness, its causes, and methods of prevention.

The first clinic to provide services for the mentally ill who did not need hospitalization was opened at S.C. State Hospital in 1920. The first permanent outpatient clinic opened in Columbia in 1923. The success of this clinic inspired the opening of traveling clinics in Greenville and Spartanburg in 1924.

By 1927 clinics were established in Florence, Orangeburg, and Anderson. In 1928, a clinic opened in Charleston with plans for one in Rock Hill.

Reopening of the clinics closed as staff served in WWII was delayed until late 1947 because of a lack of adequately trained personnel. As clinics continued to grow throughout the state, the need for state and federal funding increased. Help came in 1946 with the passage of Federal Public Law 487.

The Mental Health Act



The first outpatient clinic in Columbia, S.C.

- The Mental Health Act provided for a Mental Health Commission to be in charge of all mental health facilities. Communities were required to contribute one third of the cost of clinic or center operation and the state would furnish the remaining two thirds. The Mental Health Commission is still in place to this day and meets monthly.
 - By 1957 clinics were in operation in six counties.
 - Major functions of these clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.
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- In addition to self-referrals, patients were referred to the centers by physicians, ministers, lawyers, Vocational Rehabilitation, juvenile and domestic relations courts, and the Department of Public Welfare.
 - The 1960s ushered in the beginnings of the community mental health movement. The introduction of Medicaid and other improvements in the social welfare system underwrote the treatment of patients in their own communities, and the 1963 Federal Community Mental Health Centers Act provided matching federal funds for construction of community mental health centers.

DMH: Progress

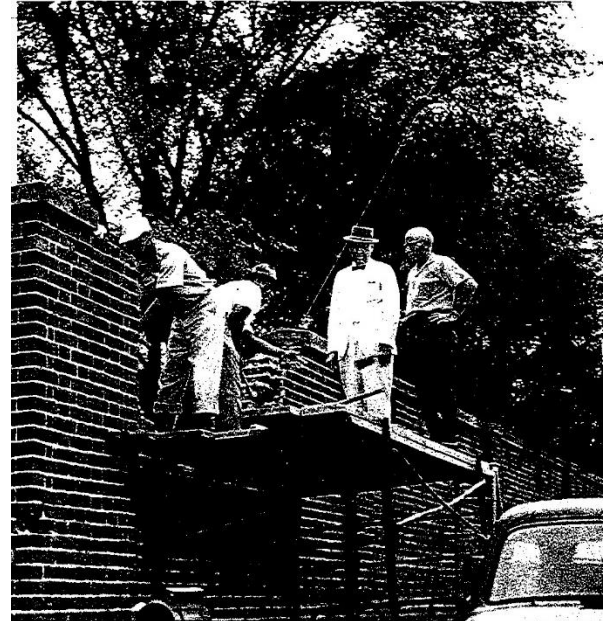
In 1967, the Columbia Area Mental Health Center became the first comprehensive community mental health center in the Southeast. Also in 1967, Doctor William S. Hall, the first “South Carolina State Commissioner of Mental Health”, participated in a ceremony in which part of the wall surrounding the State Hospital came down.

During Dr. Hall's 21 year tenure, DMH made strides in community-based care. A comprehensive, statewide mental health care delivery system emerged, and grew to encompass 10 major inpatient facilities and 17 community mental health centers, providing services in all of the state's 46 counties with more than 6,000 employees.

During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help clients return to the community after long hospital stays, a facility for psychiatric patients who need long-term care, a program for autistic children, an alcohol and drug addiction treatment center, and a client advocacy system to protect the rights of those DMH serves.

In 1983, DMH adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. This is what we often hear referred to as “deinstitutionalization.”

Joseph J. Bevilacqua, Ph.D., who became state commissioner of Mental Health in 1985, led with the view that patients treated in the community progress better clinically; people with mental illnesses need and require close family and community support. Clients recover faster and stay well longer when receiving services in their communities, if such programs are reasonably funded, well organized and easily available.



Dr. Hall looks on as part of the wall is taken down.

Progress: Community-based Services

- In 1989, the S.C. Department of Mental Health, with support from the National Institute of Mental Health, hosted a national conference to explore how other states shifted to community-based services, how they defined priority populations, and how they planned and located services.
- It was determined that the services necessary for the successful transition of patients into communities did not exist and must be developed. It was also clear that some patients could not be safely discharged into the community and would continue to be cared for in DMH facilities until appropriate services could be created.
- Some communities struggled to develop community-care programs at first. Clients faced a shortage of appropriate housing options, a lack of crisis-care for short-term acute situations, and a lack of employment opportunities.
- Still, the agency moved forward. In 1993, 127 clients, from the South Carolina and Crafts-Farrow State Hospitals, moved into seven customized programs in Aiken, Charleston, Columbia, Lexington, Orangeburg, and Sumter. They were provided with appropriate housing, medication monitoring, psychiatric and medical services, supportive community services, meaningful activity, and employment assistance.
- In two separate moves between 1992 and 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects in community mental health centers across the state.
- The State Hospital Campus, barring William S. Hall Psychiatric Institute for children, and a few administrative offices, “Bull Street” campus is closed. DMH now provides care via an outpatient, community-based system, comprising 17 mental health centers (each with clinics and satellite offices), four psychiatric hospitals, and three nursing homes (two of which are for solely for veterans, the third is partly for veterans).

Governance

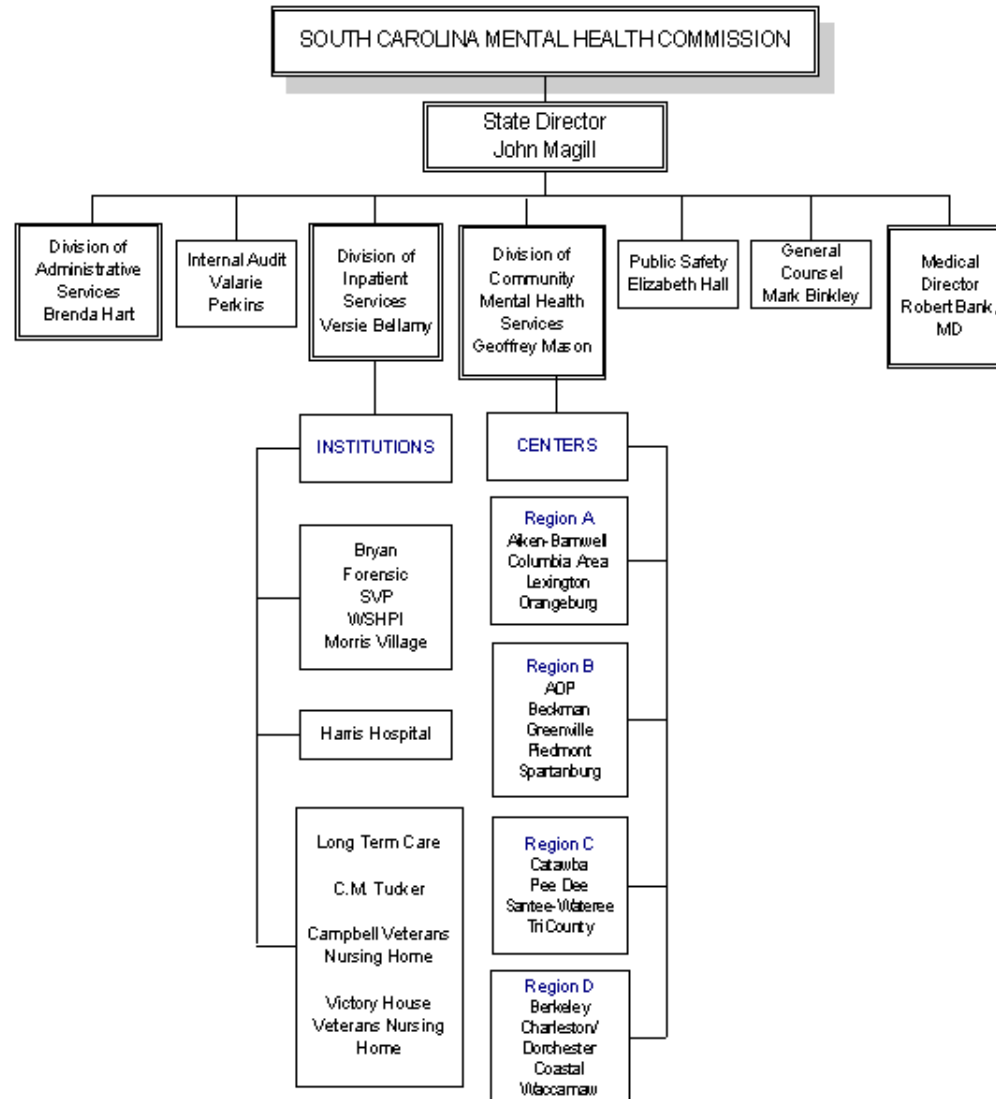
Governance

In 1827, the SC Legislature passed an act to bring the Asylum into *operation*. The act placed the organization and superintendence of the Asylum into the hands of nine Regents, or “Commissioners”, elected by the Legislature.

The Mental Health Commission still exists. It comprises 7 Commissioners, who are appointed by the Governor, with the consent of the SC Senate, and serve terms of 5 years.

The Commission convenes monthly, with meetings rotating among DMH’s centers and facilities.

Governance



Governance: Center Boards

- Each DMH community mental health center has an advisory board, with nine to fifteen members, including at least one medical doctor.
- Center boards meet monthly.

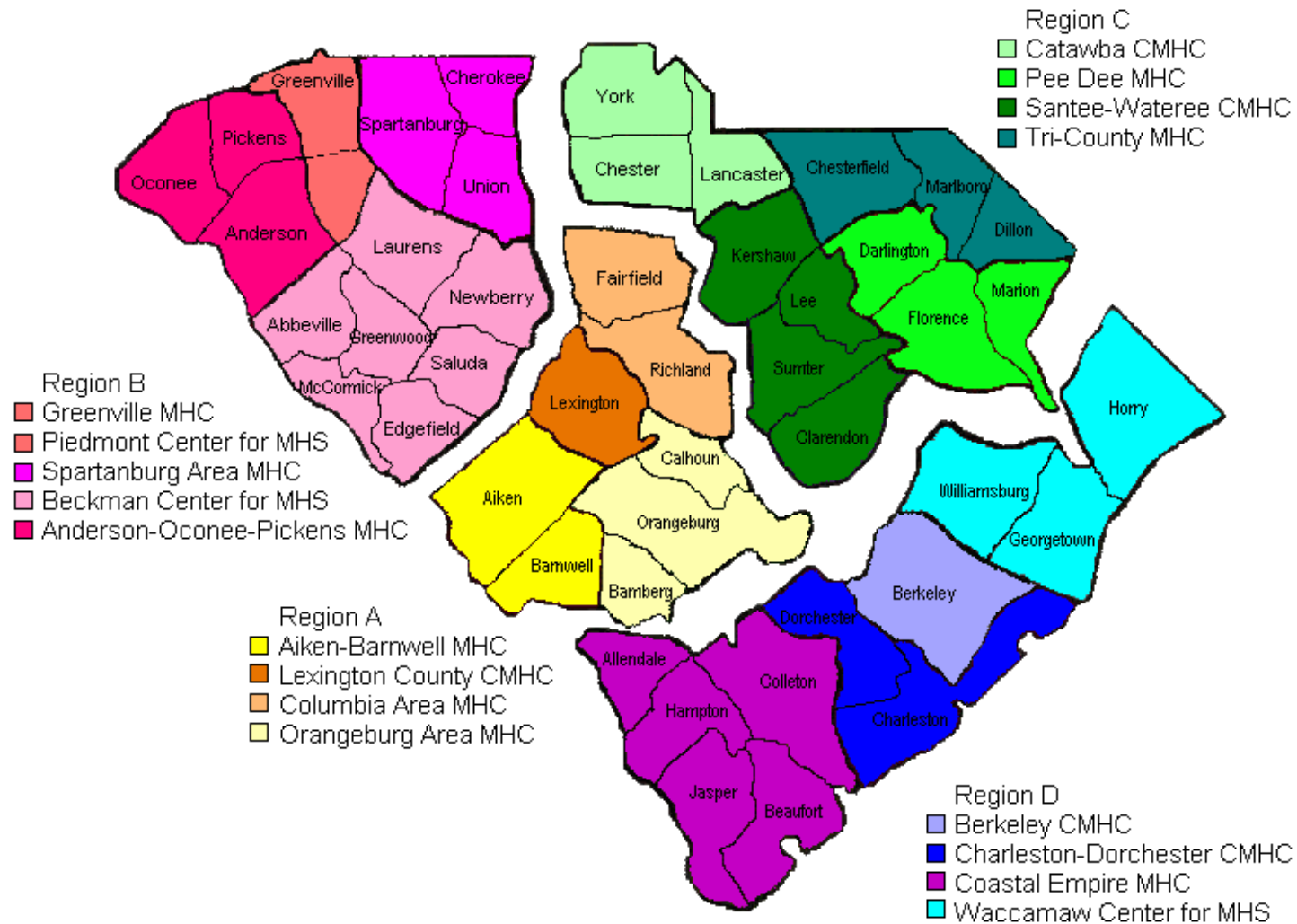
Operations

The SCDMH Today

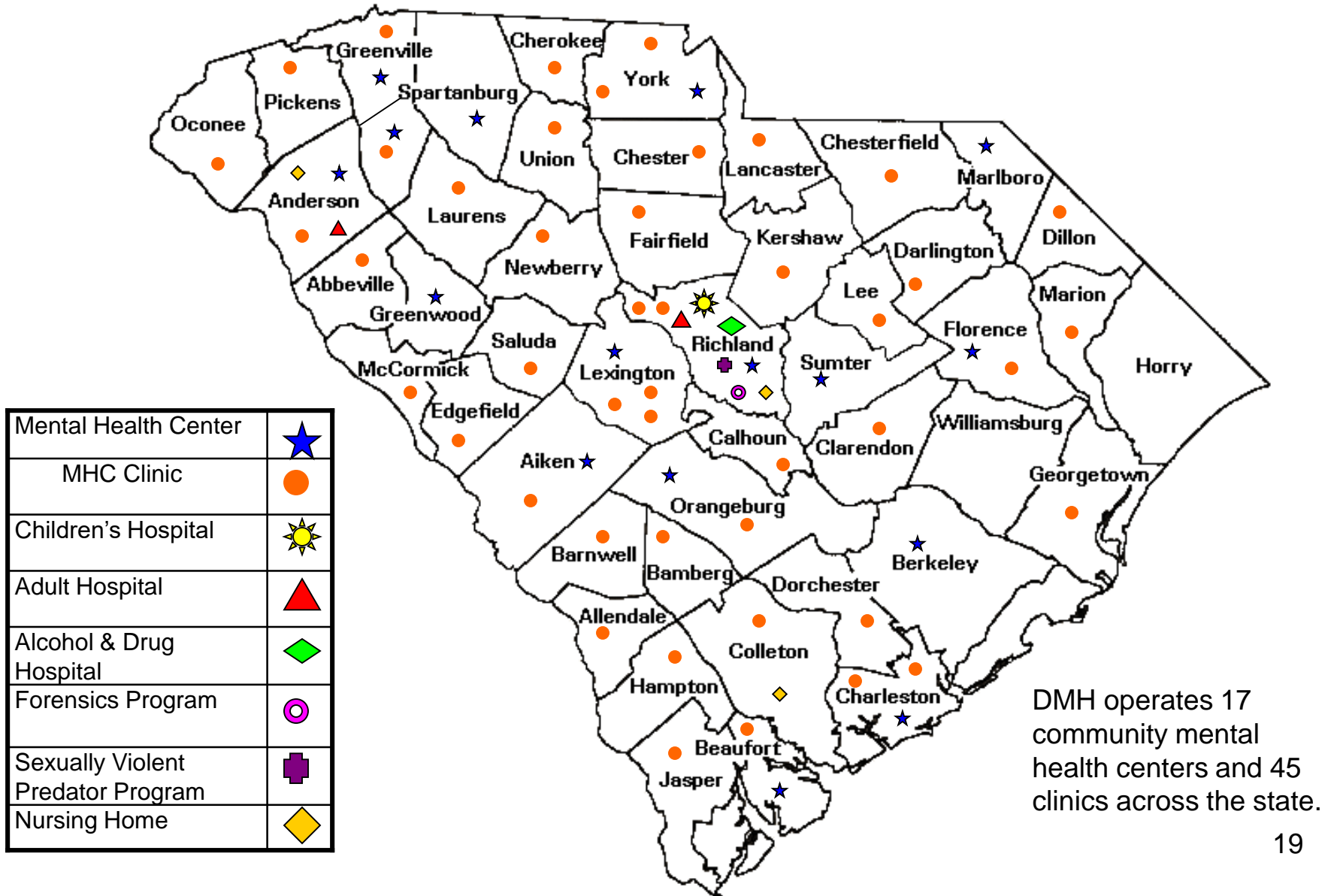
The SC DMH system:

- Comprises 17 community-based, outpatient mental health centers, each with clinics and satellite offices, which serve all 46 counties in our state;
- Provides services to approximately between 90,000 and 100,000 patients per year, more than 30,000 of whom are children;
- Operates four licensed hospitals, including one for substance abuse treatment;
- Operates three nursing homes, including two for veterans;
- Is one of the largest hospital systems in South Carolina, as well as one of the largest nursing home bed providers;
- Includes operation of a Forensics program; and
- Includes operation of a Sexually Violent Predator Treatment Program.

Community Mental Health Centers



DMH Centers, Clinics, Hospitals & Nursing Homes



DMH Hospitals



Patrick B. Harris Psychiatric Hospital – a 121-bed intensive, psychiatric hospital located in Anderson.



G. Werber Bryan Psychiatric Hospital (Acute) – a 198-bed intensive care hospital located in Columbia.



Forensics - Just Care – a 156-bed treatment facility for patients found Not Guilty by Reason of Insanity (NGRI) or not competent to stand trial. Located in Columbia. 25 additional beds at Bryan.



Richard M. Campbell Veterans' Nursing Home – a 220-bed skilled nursing care hospital in Anderson.



William S. Hall Psychiatric Institute – a 58-bed complex for children and adolescents. Located in Columbia.



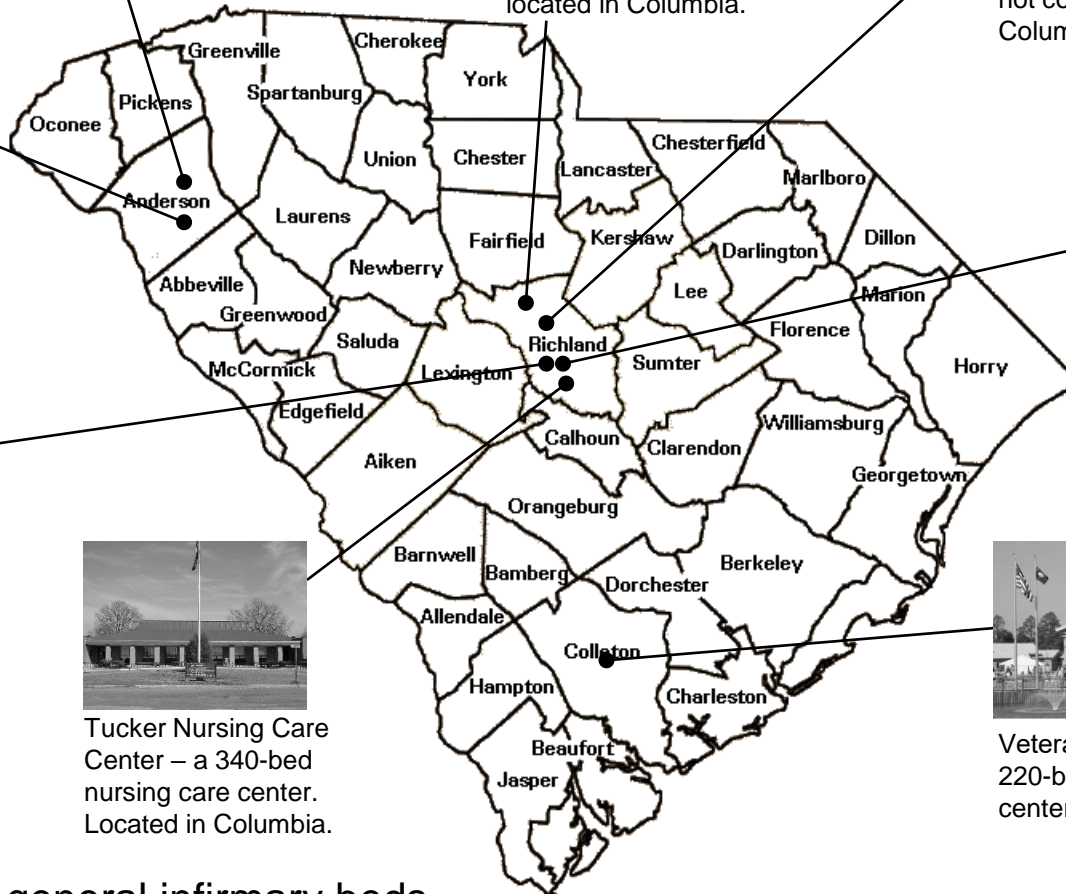
Morris Village Alcohol and Drug Addiction Treatment Center – a 116-bed alcohol and drug treatment center in Columbia.



Tucker Nursing Care Center – a 340-bed nursing care center. Located in Columbia.



Veterans' Victory House – a 220-bed skilled nursing care center, Located in Walterboro.



DMH also has 11 general infirmery beds.

DMH Hospitals

- **G. Werber Bryan**, a 379*-bed hospital, Bryan serves adult, geriatric and forensic patients ages 16 years and older. *
*This number includes DMH's Forensics Program, which comprises 181 beds.
- **Patrick B. Harris Hospital**, a 121-bed, regional, acute-care inpatient hospital.
- **Morris Village Alcohol & Drug Addiction Treatment Center** is a 116-bed, inpatient addiction treatment hospital, which provides evaluation, detoxification, crisis stabilization and treatment to adults with chemical dependence diagnoses.
- **William S. Hall Psychiatric Institute** provides 58 psychiatric and chemical addiction inpatient care beds for children and adolescents.
- DMH provides approximately 578,000 bed days per year in its hospitals and nursing care centers.
- **DMH's total functional psychiatric hospital beds = 807** Bed count as of 10/12/09 (this figure also includes the Sexually Violent Predator program, which comprises 122 beds, and the general infirmary at Morris Village, with 11 beds.)

DMH Nursing Homes

C.M. Tucker Nursing Care Center provides long term nursing care. The hospital, which has 340 functional beds, offers field-placement training in geriatrics, nursing, pastoral education, social work, and activity therapy at graduate and undergraduate levels for most disciplines.

According to SC statute, Title 44 – Health Section 44-11-30 [Establishment, Purpose and Admission Requirements of South Carolina Veterans' Home], DMH, in agreement with the U.S. Veterans' Administration, may establish veterans' homes to be located on grounds owned by the SCDMH .



Tucker Nursing Care Center, Columbia, SC

Richard M. Campbell Veterans Nursing Home* is a 220-bed nursing care hospital, built specifically to serve the male and female veterans who live in the state.

Veterans Victory House*, DMH's newest nursing care hospital, is a 220 bed state-of-the-art nursing care center, which provides services for veterans who live in South Carolina.

***Both Campbell Nursing Home and Veterans Victory House are operated under contract with a private provider.**

DMH's total functional long-term care beds = 780.

Sexually Violent Predator Program

SC is one of at least 18 states that have enacted statutes allowing the state to *involuntarily* and *indefinitely* commit “mentally abnormal and extremely dangerous... sexually violent predators”* who have completed their criminal sentences, to designated agencies until such time as the person is determined to no longer be a threat to the public safety.

DMH’s Sexually Violent Predator (SVP) program, comprises 122 beds and is located in Columbia.

*In South Carolina, SCDMH is the designated Agency, according to statute Title 44 – Health Chapter 48: *The Sexually Violent Predator Act*.

DMH’s SVP program has 122 functional beds.

Alcohol and Drug Services

- Per the SC Code of Laws, section 44-11-10, *Organization and Control of State Mental Health Facilities*, DMH provides “facilities for the evaluation and treatment of chemically dependent persons”.
- Morris Village Treatment Center is a 116-bed, inpatient addiction treatment hospital, located in Columbia, which provides evaluation, detoxification, crisis stabilization and treatment of chemical dependence.
- Services include medical care, group therapy, activity therapy, family education and therapy, relapse prevention planning, and case management.

Demographics & Statistics

Demographics & Statistics

SCDMH vs. US Mental Health Spending

Per Capita Expenditure (FY2005) Total State Mental Health Agency

<u>\$202-270</u>	<u>\$134-176</u>	<u>\$98-131</u>	<u>\$74-97</u>	<u>\$57-72</u>	<u>\$35-37</u>
AK	AZ	CA	CO	AL	AR
NY	CT	MA	DE	LA	FL
PN	HI	MN	IA	MO	TX
---	ME	NC	IL	NE	---
---	MT	NH	IN	OH	---
---	MD	OR	KS	SC	---
---	NJ	WI	MI	SD	---
---	VT	---	ND	UT	---
---	---	---	RI	VA	---
---	---	---	TN	WV	---
---	---	---	WA	---	---

Source: National Research Institute - *State Mental Health Agency Profile Revenue Expenditure Study* 26

Demographics & Statistics: Patients

SUMMARY OF NUMBER SERVED: TOTAL AND UNDUPLICATED JULY 1, 2008 THROUGH JUNE 30, 2009			
	INPATIENT UNDUP	CMHS/ UNDUP	INPATIENT & CMHS UNDUP
Numbers Served	5,687	88,999	91,810
Children Age 0-17	432	30,625	30,704
Adults	5,255	58,374	68,106
Diagnosis Children Age 0-17 W/SED	182	12,678	12,689
Children W/SED = Schizophrenia, Delusional Disorders, Other Psychotic Disorders, ADD & Mood Disorders ex. Bi-Polar Disorder /Major Depression			
Diagnosis Children Age 0-17 WO/SED	250	17,947	18,015
Children WO/SED = Conduct Disorders, Mental Retardation, Autism, & Specific Developmental Disorders, Substance Abuse, Anxiety Disorders, Personality Disorders and other Diagnoses or Diagnosis was Deferred-not reported			
Adults W/SMI = Schizophrenia, Delusional Disorders, Other Psychotic Disorders & Mood Disorders ex. Bi-Polar Disorder/Major Depression			
Diagnosis Adults W/SMI	1,825	36,776	36,932
Diagnosis Adults WO/SMI	3,430	21,598	24,174
Adults WO/SMI = s Substance Abuse, Anxiety Disorders, Personality Disorders Dementia, Delirium & ORD due to GMC and other Diagnoses or Diagnosis was Deferred-not reported			
Source: SCDMH Annual Statistical Report FY 2009			
<p>Note: Age groups: The greatest numbers of children served were in the 13 to 17 year old age group. App. 35% The greatest numbers of adults served were in the 31 to 45 and 46 to 64 year old age groups. App. 69%</p>			

DMH Blue Ribbon Programs



Blue Ribbon Programs: Telepsychiatry



SCDMH, in partnership with DHHS, and the SC Hospital Association, received a grant from the Duke Endowment to make psychiatric consultation access available in all South Carolina emergency rooms at all times.

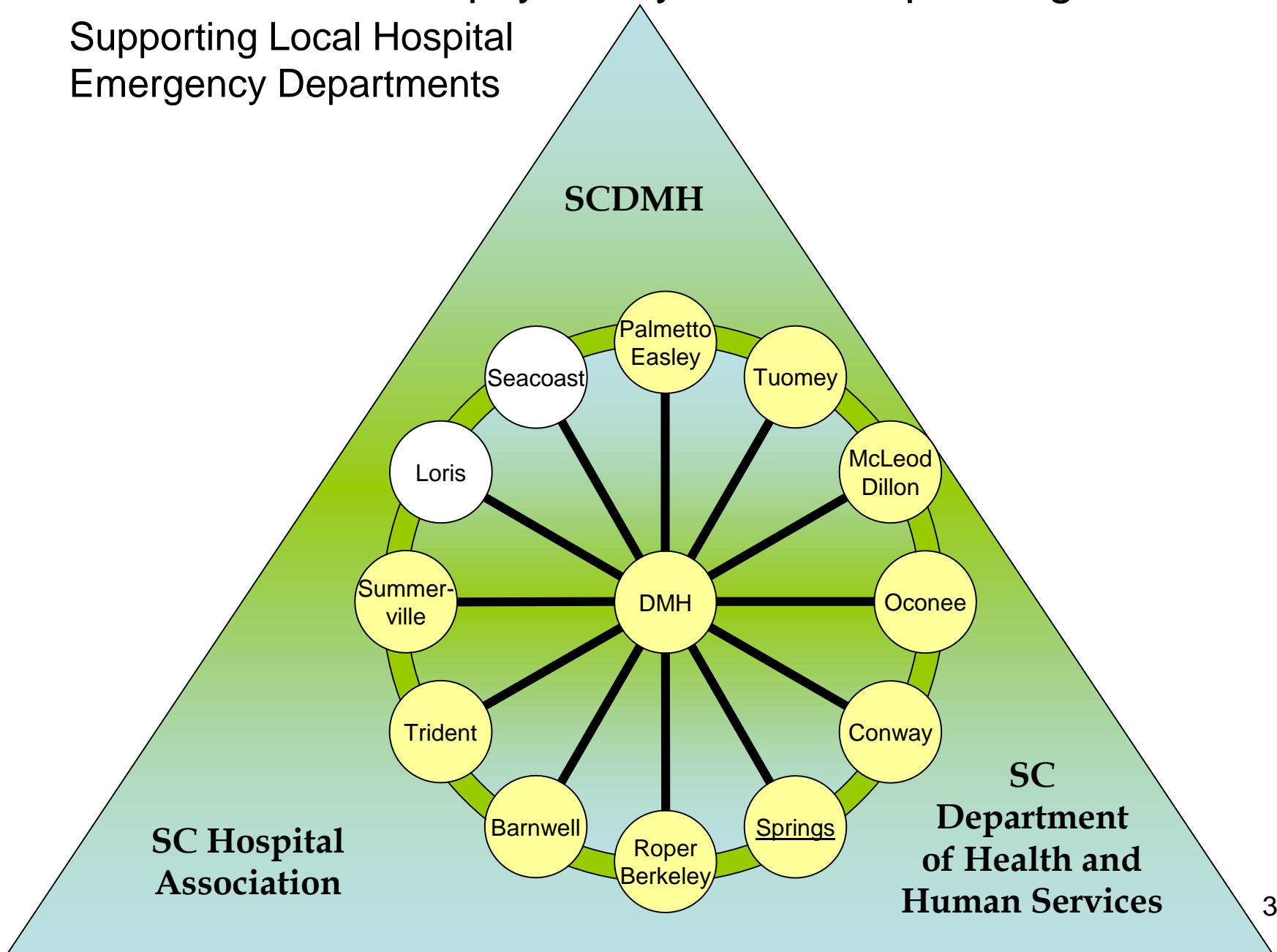
This is the first time a state has attempted to connect all emergency departments with psychiatrists and clients.

As of October 6, 2009, 10 hospitals are connected to the telepsychiatry program.

There have been 839 consultations with more than half (48.2%) resulting in clients' diversion from inpatient admission.

The DMH Telepsychiatry Partnership Triangle

Supporting Local Hospital
Emergency Departments



Blue Ribbon Programs: Child & Family Services

Children, Adolescents and their Families (CAF) Services

Develops and implements the department's state-wide system of care for the children, adolescents and families of South Carolina, including ensuring the implementation of "Best Practices" whenever appropriate and possible. In 2009, the department served more than 30,000 children 0-17 years old.

Best Practice programs include Multi-Systemic Therapy (MST) and school-based services.

The CAF Division serves as the central hub of communication for local CAF directors, providing consultation services, technical assistance, and serves as a monthly forum for the discussion of issues relative to Children's Services.

Blue Ribbon Programs: School-based Services

This Best Practices program seeks to identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH provides services in approximately 400 schools in South Carolina. Services include:

- Primary prevention - e.g., helping to increase parental involvement in school, helping to coordinate activities related to a violence prevention initiative.
- Early intervention and services to youth dealing with transitions and milestones- e.g., social skills training, school transition programs.
- Individual and family services - e.g., individual, family and group counseling, crisis intervention, mentoring, tutoring.

Recent accomplishments:

- BCBS of SC Foundation Initiative - funding 12 school sites in rural areas
- Vocational Rehabilitation partnership - funding for 5 high school sites

FY 09 School Based Mental Health Program Data

- Total number of youth served = 14,721
- Total number of services delivered = 197,620
- Programs in 397 schools, representing 35% of South Carolina schools
- Programs in 191 Elementary, 115 Middle, 68 High, and 23 Alternative/Other Schools
- Staffed by 249 Mental Health Counselors, representing 16 Community Mental Health Centers
- 77% of youths reported that they currently live with one or both parents
- Over 92% of youths report no arrests in the last 12 months

Blue Ribbon Programs: Deaf Services

DMH's Deaf Services provides a continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing. The program develops innovative technological and human service program initiatives to ensure that all services are delivered in a cost-effective and timely manner throughout the state.

Components include:

- Outpatient services for children, families and adults using itinerant counselors who are part of regional teams located across the state.
- School-based services in collaboration with the South Carolina School for the Deaf and the Blind.
- Residential services at the McKinney House in Mauldin, SC.
- Inpatient services at Patrick Harris Hospital.

Blue Ribbon Programs: Housing & Homeless Services

The DMH Housing & Homeless Program has funded the development and construction of more than 1,600 housing units across the state for the production of affordable housing for persons with mental illnesses.

Our HUD Shelter Plus Care Programs are located in 14 counties, and provide rental assistance to at least 251 clients *and* their family members who were formerly homeless.



Leaphart Place Apartments, Lexington County, SC - A Youth in Transition Program

The HHS Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program provides funding for targeted outreach and clinical services to persons with serious mental illnesses and co-occurring disorders who are homeless. Programs are currently located in the Columbia, Greenville, Spartanburg, Myrtle Beach and Charleston areas.

Blue Ribbon Programs:

Individual Placement & Supported Employment Program (IPS)

Provides consultation, training, and fidelity monitoring for the establishment and growth of client employment, focusing on evidence-based practices that result in gainful employment of seriously mentally ill clients.

In 2009, IPS Supported Employment statewide, achieved 241 new job placements and an average employment rate of 54%. The national benchmark for IPS supported employment is 40%.

In 2008, Johnson & Johnson selected Charleston Dorchester MHC (from among 11 other states' programs) as the national IPS program of the year with the best supported employment outcomes. The center received \$10,000, and an award at the Johnson & Johnson employment conference.

Blue Ribbon Programs: Jail Diversion/ Forensic Services

Provides training and consultation to law enforcement regarding de-escalation of encounters with persons with psychiatric and/or emotional crises.

Coordinates a Biennial Forensic Forum which promotes opportunities for interagency cross training and networking between criminal justice and behavioral health agencies. To date, 3,417 law enforcement officers across the state have been trained. In Charleston, 292 Police Department and 58 Sheriff's Office personnel have been trained.

Provides consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness.

All 17 DMH mental health centers and their clinics provide mental health services to jails/detention facilities, including:

- Assessment and screening for inpatient admission.
- Medication monitoring.
- Referral linkage to community services for repeat offenders charged with non-violent offenses.

Mental Health Court – SC has three mental health courts: Charleston County, Greenville County, and Richland County.

- Charleston's mental health court, the first in South Carolina, is an intensive program, involving stakeholders from Probate Court, DMH, the Public Defenders Office, the Solicitor's Office and the Charleston County Sheriff's Office.
- Inclusion criteria must align with SC Supreme Court Order and Mary Lynn's Law.
- Current funding comes from Charleston County Government and a Bureau of Justice Assistance Grant.
- Services offered include crisis management; case management; individual, family and group counseling. Groups are offered in the areas of Criminal Thinking, Substance Abuse and Anger Management.

Blue Ribbon Programs:

The Assessment & Resources Center (ARC)

The ARC is a Children's Advocacy Center (CAC), accredited through the National Children's Alliance in Washington, DC.

SCDMH collaborates with the USC School of Medicine Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused.

In partnership with the Children's Law Center of the USC School of Law, the ARC also provides training to multidisciplinary teams statewide.



Blue Ribbon Programs: The Assessment & Resources Center (ARC)

Outcomes

700 children evaluated annually:

- Forensic Medical Examinations
- Forensic Interviews

100 children treated using best practices:

- Court Preparation for Child Witnesses
- Trauma-focused CBT
- Parent-Child Interaction Therapy

Expert testimony in Family & Criminal Court

Statewide Training: *ChildFirst South Carolina*

- 5-day multidisciplinary child abuse course
- March 2001- July 2009:
 - 199 law enforcement officers
 - 209 child protective service case workers
 - 189 children's advocacy center interviewers
 - 38 prosecutors



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Blue Ribbon Programs: Co-Occurring Disorders – COSIG

The Co-Occurring State Incentive Grant (COSIG) program is a SAMHSA funded, 5 year, \$3.7 million grant, awarded to improve the capacity of SCDMH, DAODAS, and SC Department of Vocational Rehabilitation to serve individuals with co-occurring mental health and alcohol and drug abuse disorders. Objectives include:

- Development and implementation of a standard protocol for screening and assessment of co-occurring disorders (COD);
- Development of a competent workforce for COD;
- Improvement and expansion of service coordination for COD;
- Review and implementation of COD treatment;
- Review and expansion stakeholder involvement and leadership coordination for COD;
- Development of financial options for COD, and
- Development of MIS/CIS systems to identify COD clients and the client management system, to allow service providers to share relevant client information.

COSIG pilot sites and mini-grant sites include: Charleston, Georgetown, Williamsburg, Horry, Aiken, Anderson, Oconee, Pickens, Spartanburg, Cherokee, and Union counties.

Currently, 13,818 DMH patients can be identified as having a co-occurring disorder.

Blue Ribbon Programs: Dialectical Behavior Therapy

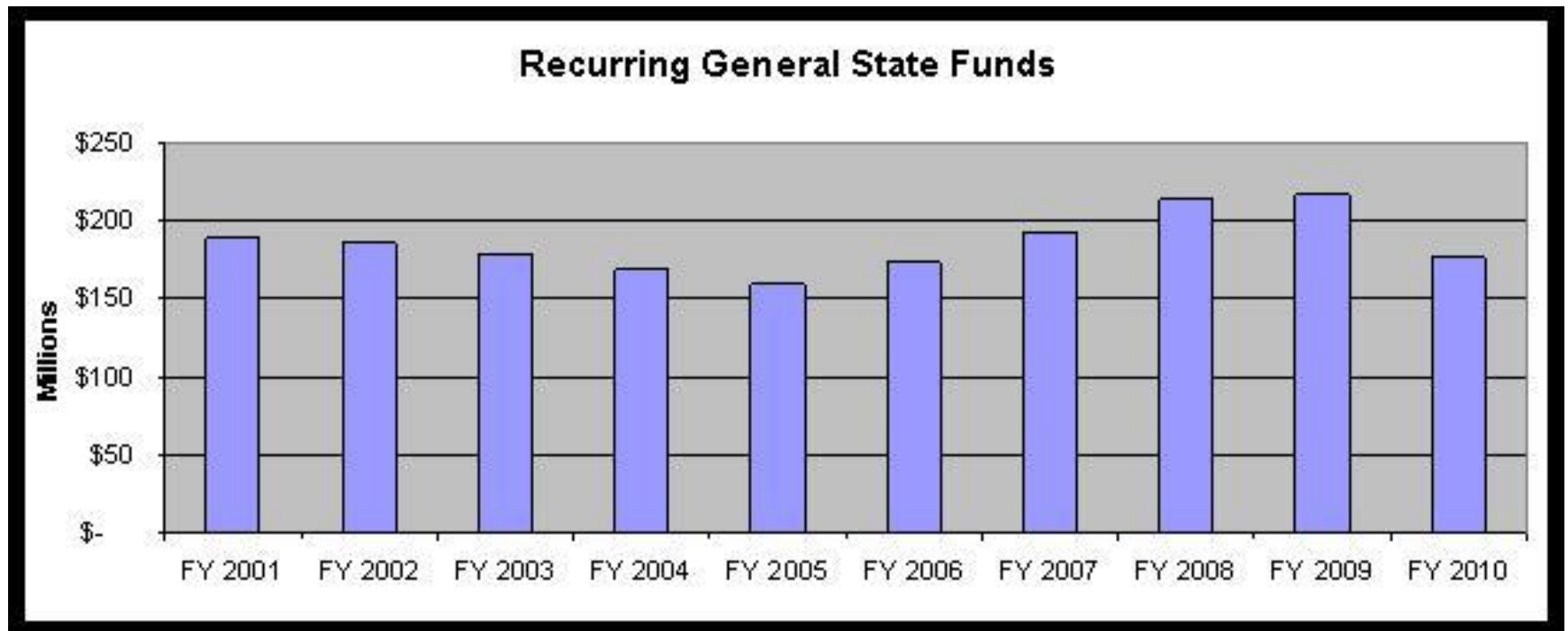
- 7 DMH mental health centers offer Dialectical Behavior Therapy (DBT). A one year program, it works with highly symptomatic patients, most of whom have a borderline personality disorder.
- DBT encompasses crisis phone consultation, individual therapy, group therapy, family and couples therapy, and case management. Skills training is *key*.
- Columbia Area MHC was the first location in S.C., public or private, to launch a DBT program.
- Funding is provided by state funds (including TLC funding), Medicaid/self-pay billing, and a grant from NAMI SC.
- Charleston Dorchester MHC offers DBT at both Charleston and Dorchester clinics. Seven clinicians have trained in the model, with plans to expand.
- Inpatient: DBT groups are also part of the treatment at Directions, a 12-bed long-term residential treatment facility for adolescent girls.
- Programs use the Linehan model as well as an adapted version for some clients.
- Each DBT program focuses on skills-training and provides group and individual therapy.

Blue Ribbon Programs: Towards Local Care (TLC)

- Planning for Towards Local Care began in 1989, and became an operational program in 1991, to:
 - Assist patients in transitioning from inpatient institutions into the community
 - Help patients remain in their communities and avoid re-hospitalization
 - Facilitate downsizing of the agency's long-term psychiatric facilities
 - Reduce acute care psychiatric admissions
 - Decrease the cost of psychiatric care to the agency
- Since 1991, the process has been replicated 13 times and created 1,010 treatment and residential options for inpatient and high recidivist patients.
- 1,743 patients have received services through these residential options.
- TLC readmission rates are lower than statewide and national admission rates; TLC clients decreased utilization of DMH inpatient psychiatric facilities by 56% and decreased length of stay by 41%.₄₁

Budget

Budget: History of State Funding



Budget: State Appropriation History

<u>Fiscal Year</u>	<u>Recurring/General State Funds</u>
2001	\$189,770,406
2002	\$185,269,619
2003	\$178,412,977
2004	\$169,438,293
2005	\$158,899,719
2006	\$173,706,376
2007	\$191,793,392
2008	\$213,724,472
2009	\$217,892,366
2010	\$176,001,571
2010*	\$169,929,195
2010**	\$149,601,335

* State Appropriations after mid-year reduction (4.04%)

** State Appropriations after Governor's budget reduction assessment exercise (approx. 15%)

If DMH is required to make this reduction, state appropriations will revert to late 1980's level.

“Outside of the Box”

Unique Programs, Activities, and
Partnerships at DMH



Outside of the Box: Grants Administration

- The DMH Office of Grants Administration, formed in July 2008, looks for funding opportunities for the Department of Mental Health.
- The Office formed a Grant Steering Committee, which determines what grants or funding opportunities DMH will pursue.
- Grants Administration staff have conducted 5 grant training sessions. The Grant Administrator conducted a Grant Workshop in December 2008: “Tailoring Grant Applications for Greater Success.”

Grant Status, as of July 2009:

- | | |
|------------------------|---------------------------------|
| ■ 36 Active Grants | \$28,211,784 total dollar value |
| ■ 31 Federal Grants | \$21,757,141 total dollar value |
| ■ 5 Non-federal Grants | \$6,454,643 total dollar value |
| ■ 29 Pending Grants | |

Outside of the Box: Grants Administration

■ The Duke Endowment Grant

- DMH State Director John H. Magill met with officials from the Duke Endowment regarding funding opportunities to develop and implement a telepsychiatry consultation network in SC.
- In 2007, DMH received a \$3.7 million grant from the Duke Endowment to achieve this goal.
- All patients served through this grant will be in a hospital Emergency Department (ED), and DMH psychiatrists will provide expert evaluations and recommendations to the ED doctor.
- This telepsychiatry consultation service will be available to the 65 hospital EDs around the state.
- The South Carolina Hospital Association and the South Carolina Department of Health and Human Services have worked closely with DMH on this project from its beginning.

Outside of the Box: Grants Administration

■ The Blue Cross Blue Shield Foundation Grant:

- A 2007 meeting between DMH State Director John H. Magill and Harvey Galloway, executive director, Blue Cross Blue Shield of South Carolina Foundation, will soon be paying dividends to school children in ten rural counties.
- The Foundation recognized the value of DMH's school-based services and awarded DMH \$1.2 million over three years to expand the program into ten rural school districts throughout the state.
- One school in each of the ten districts will receive a \$52,414 grant for the first year, with additional money coming over the term of the grant.
- Schools receiving the grants are in Bamberg County, Clarendon County, Colleton County, Darlington County, Fairfield County, Hampton County, Jasper County, Marion County, Marlboro County, and Williamsburg counties.
- In December 2008, The BCBS of SC Foundation awarded DMH an additional \$200,000 to expand the School-Based Mental Health Rural Initiative in two schools in Orangeburg.
 - Funding for these sites will be for 3 years, at \$100,000 per site. The schools are in Orangeburg district 3 - Lake Marion High School and Orangeburg district 5 - Bethune-Bowman Middle/High School.

Outside of the Box: Research & IRB

DMH aims to advance treatment while protecting research subjects.

Outside of the Educational system, SCDMH is one of the few state agencies with its own Institutional Review Board (IRB).

The IRB was formed, in accordance with Health and Human Services regulations, to safeguard the rights and welfare of research subjects and their private health information.

DMH's IRB has developed an online site providing researchers with tools and information necessary to ensure these obligations are met and help facilitate the research approval process.

Currently, more than 25 research projects are being conducted in house and/or with research partners, including faculty and staff from USC, MUSC, Clemson, and Gallaudet University.

Outside of the Box: Research

Example: Multi-state Policy Analysis Using Administrative Data Sets to Examine Emergency Room Use Among Persons with Behavioral Disorders

The National Association of State Mental Health Program Directors (NASMHPD) research arm, the National Research Institute, Inc. (NRI) and the State Mental Health Agencies of Maine and South Carolina are collaborating in conducting a secondary analysis of State Medicaid eligibility and claims datasets to examine ER utilization, considering demographic factors and the specific conditions presenting at ER, for the following four groups: individuals with mental health disorders (MH), individuals with substance abuse disorders individuals with co-occurring mental health and substance abuse disorders and persons with no mental health or substance abuse disorders.

The ultimate goal of this initiative is to build the capacity to assess the impact of innovative state policies and programs. To build this capacity, the first step is to conduct pilot studies for the purpose of:

- Demonstrating collaboration among State Mental Health Agencies (SMHAs) in planning, conducting, and reporting results of cross-state mental health policy analyses
- Developing and demonstrating protocols for:
 - Sharing de-identified client-level data between states and a central entity that will conduct the analyses
 - Drawing sample data out of existing state administrative datasets
 - Pooling and analyzing multi-state data

Outside of the Box: Research

Selected Current Research Projects

- Psychological Trauma and Psychological Resources Scale for Schools
- Molecular and Genetic Epidemiology of Autism
- Schizophrenia Liability Genes among African-Americans
- Social Support for Mothers of Mentally Ill Children
- Housing, Adaptive Functioning, and Serious Mental Illness
- YouthNet – Evaluation Local and National
- Treating Child Sexual Abuse: Effectiveness Pilot Study
- Risperidone Long-Acting for Alcohol and Schizophrenia Treatment Study (R-LAST)
- Cannabis and Schizophrenia: Effects of Clozapine
- Mental Health Treatment Study
- Regional Gray and White Matter Abnormalities in Huntington Disease
- SC Co-Occurring State Incentive Grant
- A Double-Blind, Randomized, Placebo-Controlled Trial of Acamprosate in Alcohol-Dependent Individuals with Co-Morbid Bipolar Disorder
- Malingering in Forensic Inpatient and Outpatient Populations

Outside of the Box: Client Affairs

The mission of the DMH Office of Client Affairs is to support the DMH Recovery Initiative through steering, developing, and supporting client leaders within the agency, by hiring current and former clients as:

- Planners and Policy Makers – e.g. Client Affairs Coordinators (CAC)
- Service Providers – e.g. Certified Peer Support Specialists (CPSS)
- Program Trainers & Evaluators – e.g. Client-to-Client Evaluation & Training Team Members

Within DMH, nine centers and one hospital have a local CAC, who functions as an internal agent of change, voicing client perspectives in key meetings and policy sessions. CACs perform a variety of key roles, including:

- Serving as members of center management teams.
- Supporting the development of client leadership through Client Advisory Boards (CAB).
- Attending & participating in hospital & departmental meetings & task forces.
- Participating in anti-stigma campaigns, Quality Assurance (Q/A) initiatives, and new client/new employee orientations.

Outside of the Box: Peer Support

In 2004, SC became the second state to negotiate a reimbursable peer support service with the Department of Health and Human Services.

Certified Peer Support Specialists (CPSS) use their own experiences with mental illness to help others acquire, develop, and/or expand their rehabilitation skills in order to move forward in recovery.

Since billing began in 2005, an average of 24 CPSS staff have provided more than 15,000 hours of billable skill-building services to patients in the community EACH YEAR.

In 2008, DMH completed an inter-agency training partnership with the Department of Alcohol and Other Drug Abuse Services and the Veterans Administration to provide peer training for their candidates.

Outside of the Box: Client Advisory Boards

Client Advisory Boards (CABs) exist to provide mechanisms for positive collaboration and communication, and to empower clients at all Departmental levels.

They provide unique and independent opportunities for input and involvement in the areas of planning, policy-making, program evaluation and service provision.

Most states have a statewide or regional CAB, but South Carolina's DMH is among just a few state systems that have mandated the establishment of CABs at each center and hospital.

Along with local CACs, CAB members comprise the Statewide Client Advisory Board, which meets every other month.

Outside of the Box: Cemetery Project

The MHA-organized Committee to Preserve & Protect Historic Cemeteries is a voluntary consortium of concerned citizens, public and private agencies dedicated to the dignified and respectful treatment of people buried in public cemeteries.

This project is one of a dozen nationwide, all part of an effort to restore burial sites, locate and identify the people buried there, and to restore names to those who bravely fought mental illness, and died in the system.

SCDMH's Cemetery Project database contains the names of more than 7,000 former patients, believed to have been interred in DMH cemeteries. This volunteer project is ongoing, and aims to identify the estimated thousands more former patients who have yet to be found.

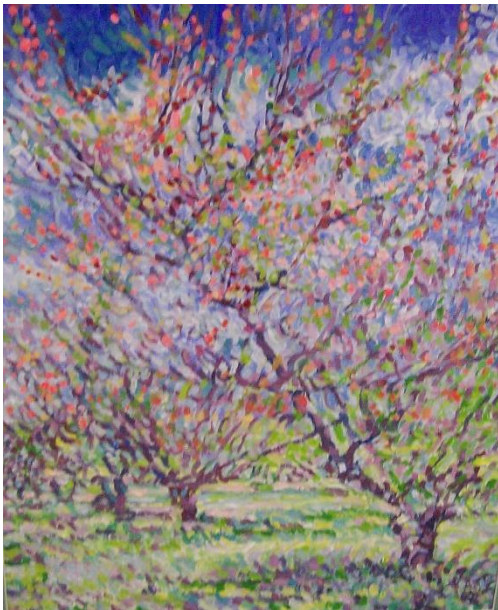


Numbered grave marker of a former patient; the identity of the person in grave #616 has not yet been discovered.

Outside of the Box: The Art of Recovery

The Art of Recovery showcases the talents of those receiving services and the role that art can play in the recovery process, and gives individuals living with mental illnesses the opportunity to exhibit and sell their works of art.

Pieces are submitted from across South Carolina by participants who use a variety of artistic media as a means of not only empowering clients, but also educating the public about, and dispelling the stigma associated with, mental illness.



DMH staff volunteers mat, frame, hang, transport, and display pieces in venues throughout the state. Works rotate on a frequent basis.

Pieces from The Art of Recovery have traveled across South Carolina, featured in public galleries, libraries, community centers, and at meetings and conferences across the state.

A widely acclaimed program, The Art of Recovery received the 2006 Elizabeth O'Neill Verner Governor's award for the arts, the highest Arts honor in South Carolina. It has received grant funding from Blue Cross Blue Shield of South Carolina and serves as a model for other mental health groups in the U.S.

Outside of the Box:

DMH Disaster Preparedness & Response

Sends Staff to State Emergency Operations Center (SEOC)

Tasked with providing information and resources to local Emergency Operations Centers (EOCs) and key ESF staff.

Does NOT Manage the incident but supports those who do.

Immediate Response:

Information and Planning (Public Information Phone System)

Mass Care (Shelter Support)

Health and Medical (Site for Potential Evacuees, Special Medical Needs Shelters)

Support CMHCs – Until Staff Affected by Disaster are able to Return to Work.

Long Term Recovery – Crisis Counseling Teams:

- Strengths Based
- Outreach Oriented
- Assumes Natural Resilience and Competence
- Culturally Competent
- Not Diagnostic nor Clinical
- Nontraditional Settings
- Bolsters Community Support Systems

Outside of the Box:

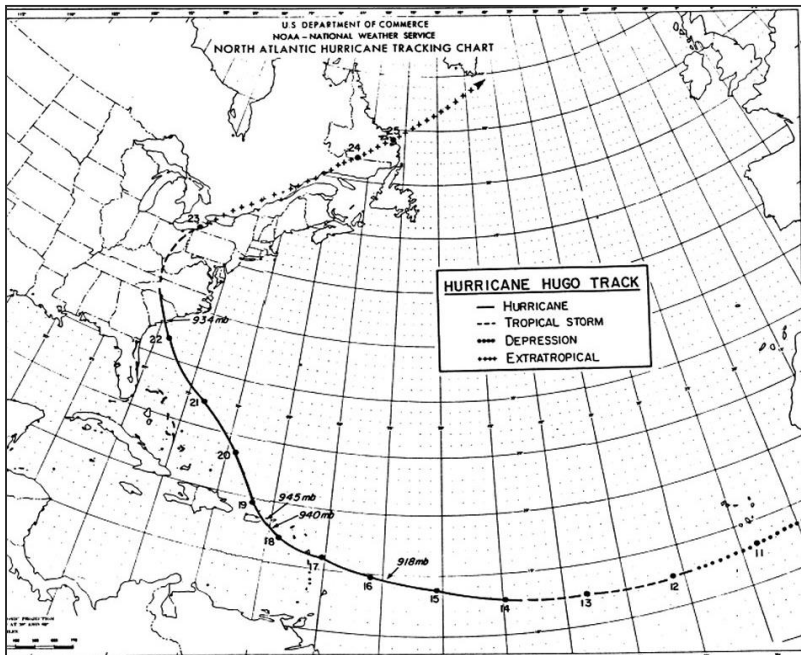
Disaster Preparedness & Response

Recent DMH Responses

- 2009 – Calhoun County Plane Crash
- 2009 – Horry County Wild Fires
- 2008 – Georgia Port Wentworth Fire
- 2008 – SC Tornados
- 2007 – Charleston Sofa Super Store Fire
- 2007 – Spartanburg School Death
- 2005 – Katrina
- 2005 – Graniteville Train Derailment

Outside of the Box: Disaster Preparedness & Response

HUGO – 1989 – still used as “worst scenario” in state drills



This graphic shows Hugo landing 20 miles south of actual landfall.

Effects on/Response of Charleston MHC:

- Of 9 clinics, 7 became unusable
 - All services moved to Lockwood Blvd.
 - 50% of staff out first five days following
 - Over 30% of staff out after two weeks
 - Lack of office space - services were largely outreach
 - DMH Public Safety monitored out-of-use offices where homeless had moved in
 - “Go Teams” responded from across SC
 - Greenville’s disaster coordinator came to Charleston to manage teams
- Teams were housed at county and VA Hospitals (or in MHC), as well as Roper
 - Go Teams did anything needed - delivered food, water, clothes, etc., used chain saws to clear roads.

Outside of the Box:

Disaster Preparedness & Response

HUGO – Local Mental Health Needs & Services

- Very few mental health emergencies arose – there was a great deal of community outreach with pre-identified high risk clients
- Go teams worked in Emergency Departments, anticipating mental health needs – discontinued after short time
- Psychiatrists provided primary care
- Case managers delivered food and water rather than mental health services
- Police contacted Mental Health frequently with issues related to substance abuse
- DMH worked with the mayor's office to develop public service announcements

Resulting new services

- Grant funding brought new teams for school-based debriefing services
- Anger and stress management teams worked in detention facilities with guards who had to remain at work 24/7
- DMH's Children's Services developed and distributed hurricane-based coloring books
- A Protocol for debriefing in non-traditional settings for people of all ages throughout community was developed.

Out of the Box: Joint Council on Adolescents

The initiative is a product of two federally funded grants - DMH's OASIS and The Department of Alcohol and Other Drug Abuse Services' Breaking Barriers Building Dreams. Together, these form a "No Wrong Door" collaborative comprising directors of a number of state agencies, which support children and their families, chief executives of community based groups, and family members of children in need of services.

Objectives include increasing access to care via screening activities; promoting accurate diagnoses and treatment planning through the administration of co-occurring assessment tools; and improving the quality of treatment options by delivering evidence-based programs and practices.

Since June 2008, services have been implemented in eight pilot sites – Anderson, Barnwell, Fairfield, Georgetown, Horry, Oconee, Pickens, and York counties, which will assist in developing a state-wide implementation plan. More than 1,000 client screenings have been completed using the Global Appraisal of Individual Needs Short Screening Tool, or GAIN-SS, screening tool. More than 300 staff members have been trained.

Future goals include continuing state-level collaboration; taking action to ensure sustainability; continued implementation of the screening tool, adapting a co-occurring assessment tool for implementation across agencies; and continued staff training.

Outside of the Box: Veterans Policy Academy

In August of 2008, South Carolina joined nine other states and federal groups in Bethesda, M.D. for a Substance Abuse and Mental Health Services (SAMHSA) sponsored summit dedicated to assisting veterans and their families in returning to civilian life by identifying and providing needed services in a variety of areas.

Comprising more than 30 organizations, including military, legislative, veterans' group, state agency and non-profit representatives, Team South Carolina has developed a 6 priority item Action Plan to identify and coordinate existing services and improve the integration of said services. The meets regularly and expands with every meeting.



Team South Carolina has chosen 6 focus goals: Drafting and introducing Legislation to assist veterans and their families; gathering and organizing veteran and services data so that it can be most easily utilized; researching grant opportunities; developing a curriculum on military culture to train clinicians; working to explore contracting mental health services to meet the needs of veterans with the Veterans' Administration, and holding a covenant signing.

The Team South Carolina Action plan, unique to our state, seeks to improve access and streamline services for veterans and their families and reflects activities designed to meet the goals of education, access and successful navigation of available services for all. On June 1, 2009, leaders from the Columbia regional community, local and state government agencies, and non-profit organizations joined military officials from the S.C. National Guard, Fort Jackson, and the Army Reserve in signing the South Carolina Veterans Policy Academy Covenant at the Greater Columbia Chamber of Commerce.

Outside of the Box: The Irwin Phillips Fund

In his last will and testament, Dr. Irwin E. Phillips, a physician at S. C. State Hospital in the 1960's, bequeathed part of his estate to the S.C. Department of Mental Health. The will named the S.C. Mental Health Commission as Trustee and dictates that funds were to be used for the comfort and convenience of clients.

In March 1999, a fund was established in Dr. Phillips' name, and guidelines and procedures were developed for funds dispersal. It was determined that by utilizing only the yearly interest of \$20,000 from the \$340,000 endowment, a living legacy to Dr. Phillips would be preserved and would provide an ongoing source of revenue for client emergencies. As a result, a total of \$5,000 per quarter would be available for client emergency assistance.

The fund provides financial assistance to clients for the purchase of eyeglasses, rental assistance, dental work, utilities, etc. Clients apply for assistance from the Irwin Phillips Fund through their local mental health center. Applications are reviewed by a committee for appropriateness.

<u>Fiscal Year</u>	<u>Applications</u>	<u>Amt. Allocated</u>	<u>Clients Assisted</u>
2009	120	\$19,404.14	76
2008	147	\$20,024.94	78
2007	90	\$15,936.07	60
2006	112	\$14,812.23	73

Outside of the Box: Multi-Cultural Council

DMH is one of a few agencies to focus on the importance of cultural competency and its integral role in providing quality care.

The Department considers cultural competence part of its mission, believing that cultural competency is driven by leadership and information, and should be staff and client oriented. DMH believes that Multiculturalism should be embedded in all organizational units and that continuous efforts must be made to recruit, retain and develop a culturally diverse workforce.

The SCDMH Multicultural Council is charged with the responsibility to advise and guide leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors reflective of the diversity of the population served and local communities.

Outside of the Box: Staff Training

- **Computerized On-Line Learning Modules (CLMs)**
 - Provide training to staff to meet regulatory/accrediting standards while minimizing travel to and from Columbia.
 - As of July 1, 2009, 50 CLMs had gone online, 44 of which are mandatory (annually) in order to meet CARF, JCAHO, DHEC, and/or OSHA requirements.
 - The estimated resulting cost-savings (in man-hours) for FY08/09 is more than \$4 million.

- **Other Online Resources for Staff**
 - Free or low cost Continuing Education Credit offered, via Distance Learning.
 - Staff are able to take the continuing education offerings online as time permits, at home or at work.

Affiliations & Contracts

Affiliations & Contracts

- The South Carolina Department of Mental Health has affiliations with more than 39 educational institutions in South Carolina and five other states.
- The South Carolina Department of Mental Health's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology Interns, psychology graduate studies, and residents and fellows in psychiatry.
- DMH has a multi-million dollar contract with the University of South Carolina, to support residency training and to have USC clinical faculty work in DMH hospitals and centers.

Affiliations & Contracts

- Allen University
- Anderson University
- Argosy University, Atlanta, Georgia
- ATEC Technical College
- Benedict University
- Campbell University, North Carolina
- Citadel
- Clemson University
- Columbia College
- Columbia Health Care CNA Training
- Columbia International University
- Coker
- Erskine College
- Florence-Darlington Tech.College
- Francis Marion University
- Furman University
- Gardner Webb
- Greenville Technical College
- Horry Georgetown Technical College
- Lander University School of Nursing
- Limestone College
- Low County Technical College
- Medical College of Georgia
- Medical University of South Carolina
- Midlands Technical College
- Newberry College
- Orangeburg Calhoun Tech. College
- Piedmont Technical
- Regent University, Virginia Beach
- Tri County Technical
- Trident Technical College
- University of North Dakota
- University of Rochester
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC School of Medicine - Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- Webster University
- Winthrop University
- Wofford College
- York Technical College

Affiliations & Contracts: Organizational - Local Level

- DMH values its organizational affiliations. They increase the accessibility of a variety of services to our clients, AND ensure that available resources are used as effectively as possible.
- EXAMPLE – Waccamaw Center for Mental Health's Affiliations:
- **School systems** – 3 school-based counselors in Georgetown, 16 counselors paid partially via a contract with school district and 11 counselors on a school-based grant in Horry, one Blue Cross Blue Shield grant employee and two other school-based counselors in Williamsburg County.
- **Alcohol & Drug** – Multi-agency Collaborative in Georgetown operates a 10 bed respite care center in Choppee (The Collaborative includes Sheriff's Office, Georgetown County and Georgetown Hospital System). In Horry County, Waccamaw CMH contracts with Shoreline Behavioral Health to provide social detox to crisis clients, and also has a COSIG grant agreement.
- **Hospital Systems** – Waccamaw CMH serves six of the seven area hospitals with 24/7 emergency services, and has contracts and Memoranda of Agreement for crisis bed services, inpatient placements, etc.
- **Advocacy Organizations** – Through a partnership between the center and the Georgetown Housing Authority, Mental Health America (MHA) Georgetown owns and oversees a 12 apartment facility in Andrews, SC, for DMH clients. In Horry, MHA provides representative payee services through a contract with Waccamaw. The National Alliance for Mental Illness (NAMI) has a chapter in Horry – Waccamaw staff members attend groups and provide speakers. SC SHARE operates groups in every Waccamaw Facility. Waccamaw also works with the Horry County Depression Support Group, the Diabetes Coalition, and provides a summer grief counseling group for children, with the support of local churches.

Affiliations & Contracts

MUSC

- Forensics evaluation contracts
- Location of Telepsychiatry consultation services

Affiliations & Contracts

University of South Carolina School of Medicine

- DMH has contracts with the University of South Carolina School of Medicine and the Department of Neuropsychiatry and Behavioral Science.
- The Department of Neuropsychiatry and Behavioral Science provides clinical consultation and delivery of training to DMH staff on a range of clinical topics.
- DMH provides clinical rotation for the 3rd and 4th year medical students from the School of Medicine. The medical students are assigned a DMH physician preceptor and they rotate through the centers and facilities.
- There are four fully accredited Psychiatric Residency Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities, which the Agency financially supports via a contract.

Affiliations & Contracts

Advocacy Organizations

SCDMH works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their Families and the citizens in SC.

- NAMI-SC the National Alliance for the Mentally Ill in South Carolina
- MHA-SC, Mental Health America of South Carolina
- SC SHARE, SC Self Help Association Regarding Emotions, the state's only client run advocacy organization
- The Federation of Families
- P&A, Protection and Advocacy for People with Disabilities
- FAVOR, Faces and Voices of Recovery

Affiliations & Contracts

Advocacy Organizations, cont.

NAMI - Mission: To improve the quality of life for people who suffer from mental illness and their families through education, support, and advocacy. Active Chapters in Columbia, Beaufort, Greenville

MHA – Mission: To improve the lives of people with mental illness in South Carolina by promoting mental health, preventing mental disorders, and achieving victory over mental illness through advocacy, education, research, and service.

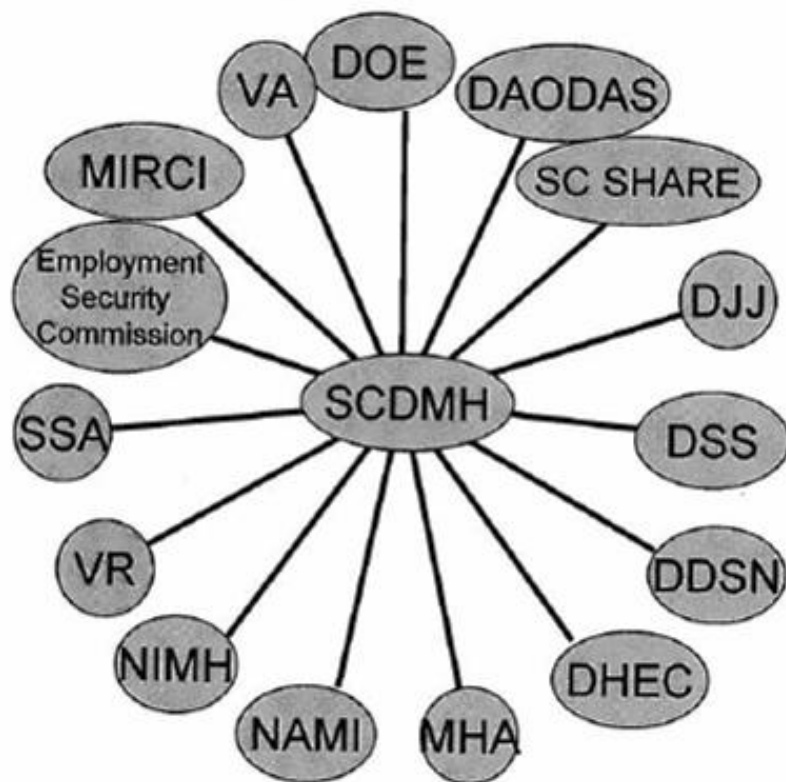
SC SHARE – A state-wide, mental health consumer-run, nonprofit organization, open to anyone with a mental illness. SHARE's philosophy is that everyone is capable of recovery.

The Federation of Families – Mission: To provide leadership in the area of children's mental health, through education, awareness, support, and advocacy for families of children and youth with, or with the potential for, emotional, behavioral, or mental disorders.

Protection and Advocacy – Mission: To protect the legal, civil, and human rights of people with disabilities in South Carolina, by enabling individuals to advocate for themselves, speaking on behalf when they have been discriminated against or denied a service to which they are entitled, and promoting policies and services that respect their choices.

Faces and Voices of Recovery (FAVOR) – A nonprofit, grass roots advocacy organization, whose mission is to promote long-term recovery from substance use disorders, through education, advocacy, and recovery support services, resulting in healthier individuals, families, and communities.

Interagency Affiliations



SCDMH Affiliations Include:

Mental Illness Recovery Center Inc. (MIRCI)
Department of Alcohol and Other Drug Abuse Services
Department of Education
Department of Disabilities and Special Needs
Department of Health and Environmental Control
Department of Social Services
Department of Juvenile Justice
Employment Security Commission
The National Research Institute
National Association of State Mental Health Program Directors
National Association of Consumer/Survivor Mental Health Administrators
Substance Abuse Mental Health Services Administration
Veterans Administration
American College of Mental Health Administrators

Affiliations & Contracts

- Collaboration is essential to many of DMH's Blue Ribbon Programs and Initiatives, e.g.:
 - Veterans Policy Academy
 - COSIG
 - Joint Council on Adolescents
 - “Out-stationed” staff:
 - DJJ Offices: 7
 - DSS Offices: 13
 - SC Public Schools: 249 mental health counselors in more than 400 schools

The Future of DMH

Opportunities for Growth: Employment

DMH's clinical staff of physicians, nurses, social workers, and psychologists, provides diagnostic and therapeutic services upon which our clients and their families depend. The skills of our clinical staff enhance client care throughout our unified system of care.

DMH understands that the single-most important service our agency provides is compassionate care that respects clients' dignity and individuality. Nurses serve in a variety of inpatient and outpatient care areas throughout our state, affording them the opportunity to use their full range of skills.

At DMH, we understand that collaboration is invaluable in providing the best possible care to our clients. As such, the agency encourages its staff to pursue and participate in research opportunities.

Future: Budget

- Prior to FY2009, only four times since 1952 has South Carolina experienced negative growth in its General Fund Revenue – FY2008, FY2002, FY1955 and FY1954. FY2002 was the most dramatic with a 3.4% decrease. FY2009 was nearly four times greater than FY2002 with a 12.5% decrease.
- General Fund Revenue for South Carolina has decreased dramatically since FY2008. From FY2008 to FY2009 to the estimates for FY2010, General Fund Revenue was, respectively, \$6.9 billion, \$6.0 billion and \$5.7 billion.
- FY2010 estimates from the Board of Economic Advisors projected a negative growth rate of 5.0%. As of the end of September 2009, the year-to-date negative growth rate is 6.3%. Retail Sales Tax and Individual Income Tax – the sources of 79.6% of General Fund Revenue – lead the decline with negative growth rates of 6.8% and 6.2%, respectively. The State of South Carolina is \$45.2 million behind its estimate.
- From July 2008 to July 2009 in South Carolina, the Unemployment Rate (Unadjusted) rose to 11.8%. Total Employment (Unadjusted) was down 4.1%. Total Unemployment (Unadjusted) was up by approximately 105,000. The result: an 8.5% decrease in Retail Sales Tax receipts and a 15.4% decrease in Individual Income Tax receipts.
- With approximately half of the Department of Mental Health's funding based on the levels of General Fund Revenues, the future budget becomes difficult to predict.

Future: Telemedicine

DMH goals include:

- Availability of 24/7 mental health consultation services in all 65 South Carolina hospital Emergency Departments (ED);
- Initiation of electronic interconnectivity among EDs to increase interdependence;
- Provision of this innovative mental health service with high realization of hospital cost savings;
- Establishment of a viable Center of Excellence, leading to establishment of Best Practices;
- Identification and implementation of new funding strategies for Electronic Medical Record systems;
- Achieving leadership in the promotion and utilization of an emerging statewide fiber optic system (Palmetto State Providers Network) for urban/rural mental health purposes;
- Provision of productive focal points for other agencies - to embrace video technology, and
- Promotion of a formal mission/vision, to use as a building block in achieving tomorrow's mental health service system today.

Future: Electronic Medical Record

SCDMH's goals with regard to the Outpatient Electronic Medical Record Include:

Expansion of services from 10 community mental health centers to all 17 centers and William S. Hall's outpatient programs;

Expansion of online clinical documentation beyond the basic forms (e.g. PRS Note, Discharge Summary, etc.);

Refinement of the ability to scan paper documents, so charts are completely electronic;

Addition of "ePrescribing" as sustainable funding becomes available, and

Sharing (with consent) of clinical data with the South Carolina Health Information Exchange (SCHIEEx) for continuity of care across providers.

Future: New Patients

As stigma decreases and awareness about the importance of mental health and treatability of mental illness increases, as we make strides in research and technology, the number of those seeking services will surely grow. Consider the following:

- ❖ The current state of the US and local economies and the associated impacts on individuals and families;
- ❖ The number of troops returning from deployment overseas; they and their families need support, often years afterward;
- ❖ More individuals are seeking treatment for addiction disorders and co-occurring disorders;
- ❖ The development of more and better diagnostic tools, e.g. co-occurring disorders;
- ❖ The passage of mental health parity bills in both South Carolina and in the US Congress;
- ❖ Increased awareness of the efficacy of mental health treatment and decrease in stigma will result in more people coming forward to receive the help they need, and
- ❖ Technological advances and improvements will impact all aspects of healthcare: e.g. telepsychiatry, the electronic medical record.

As South Carolina becomes more diverse, we must adapt our resources to serve individuals of various cultures and backgrounds. To that end, we are dedicated to providing culturally competent services.

Future: The Sale of “Bull Street”

- December 9, 2005 – The Attorney General issues an opinion that the Bull Street property is impressed with a “charitable trust” in favor of the mentally ill.
- February 10, 2006 – DMH files an action with the SC Supreme Court asking the court to accept the case and issue a declaratory judgment as to whether the Bull Street property is impressed with a “charitable trust”.
- March 9, 2006 – SC Supreme Court accepts the case.
- February 20, 2007 – The Supreme Court issues a declaratory judgment stating that the Bull Street property is subject to a charitable trust, and the proceeds from any sale of the property must go to DMH in trust for the care and treatment of the mentally ill.
- August 11, 2009 – DMH signed a non-binding letter of intent to sell the property to a private developer.

Did you know?

■ The Department of Mental Health has served the people of SC for 181 years. It is the 3rd state mental health system in U.S. and the 2nd funded by a state government.

■ In Fiscal Year 2009, 7,027 people (including 149 patients) donated more than 163,000 hours of their time to the agency and its clients. The dollar value of their assistance was \$2,359,907.

■ In Fiscal Year 2009, DMH Community Resource Developers obtained more than \$12.5 Million dollars in Indigent Medications for clients who could not afford to do so.

■ DMH's Division of Inpatient services serves 1,521 people in 24/7 care*

* Data collected at 1:30 p.m., 10/15/09

■ Just as it did during its early days, DMH functions almost as its own “city,” with internal operations organized in an efficient and cost-effective manner:

- Public Safety Division, comprising 121 personnel
- Nutritional Services Division, which provides 2,665 meals per day to clients at Tucker Center, Bryan Hospital, Morris Village, Hall Institute and DDSN's Midlands Center
- Evaluation, Training and Research Department
- Internal Audit Division
- Client Advocacy Program
- Print Shop
- Greenhouse

The South Carolina Department of Mental Health

■ A History of Service

- Founded in 1821, first patient admitted in 1828.
- The 3rd mental health system in U.S. and the 2nd funded by a *state government*.
- One of the oldest government agencies in South Carolina.

■ What We Do Well

- Serve between 90,000 and 100,000 patients per year
- Telepsychiatry
- School-based services

■ Funding & Future Projects

- Electronic Medical Record
- Telepsychiatry
- Veterans Policy Academy

■ Collaboration

- Joint Council on Adolescents
- Co-Occurring State Incentive Grant (COSIG)
- Veterans Policy Academy

■ To learn more:

- Visit us at www.scdmh.org!

